



Sober Housing Application

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Home address:			
City:	State:	ZIP Code:	
Desired Occupancy Date:			
Are you: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			
Have you ever lived on your own? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how long:		Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/> How Many?	
Drug of Choice:		Length of Dependency:	
Other Drugs Used:			
Routes of Use of Chemicals:		Sobriety Date:	
Current Residence			
<input type="checkbox"/> Treatment Center <input type="checkbox"/> Jail <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):			
Referral Source (If Applicable)			
Treatment Center or Agency:			
Primary Counselor's Name:			
Phone:		Fax:	
Street Address:			
City:	State:	ZIP Code:	
Employment			
Employer Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Supervisor Name:		Email:	
Hire Date:		Number Hours Work Per Week:	
Monthly Income (Take Home Pay):			
Volunteer Work and/or Schooling			
Organization or School Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Supervisor or Advisor Name:		Email:	
Start Date:		Number Hours Per Week:	
Volunteer or School Schedule:			

Emergency Contact

Name of a person not residing with you:

Address:

Email:

City:

State:

ZIP Code:

Phone:

Relationship:

Medical Issues

Are you taking any medications? No Yes, please list:

What are you taking them for?

Do you have any mental health issues? No Yes, please explain:

Previous hospitalizations for mental health issues? No Yes, please list:

Do you have any physical or medical problems? No Yes, please explain:

Do you have any allergies? No Yes, please list:

Legal Issues

Do you have any current legal issues? Yes No

If yes, what are they?

Must you appear in court while a tenant of PV Sober Housing? Yes No

If yes, when?

Name of Probation/Parole Officer:

Phone:

History of criminal convictions, please list:

Detox and Treatment History (most recent first)

Program	Location	Type	Dates	Length of Stay	Complete?

Number of days in last inpatient program:

Resident Statements

How do you believe you could benefit from Progress Valley Sober Housing?

How do you handle conflicts?

If you begin having problems staying clean and sober, what signs (behavior, attitudes, etc.) should we look for?

What would you do if your roommate started using while in sober housing?

Have you ever been evicted or had an unlawful detainer filed against you?

What are your current recovery-based supports?

Do you have a sponsor/mentor?

I certify that the facts set forth in this application are true and complete, to the best of my knowledge. I acknowledge that Progress Valley, Inc. may rely on my representations in this application in making its housing decision.

(Applicant Signature)

(Date)

*****STAFF USE ONLY*****

Accepted Non Accepted

Staff Comments:

(Staff Signature)

(Date)